

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3			1			
4			1			
5			1			
6						
7			1			
8	1		1			
9	1		1			
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TOTAL IND.		2		2		
TOTAL DEP.		7		7		
TOTAL CLAIMS		9		9		

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		2		2		
TOTAL DEP.		7		7		
TOTAL CLAIMS		9		9		

BEST AVAILABLE COPY